



Your business
is our business.

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

REDACTED – FOR PUBLIC INSPECTION

DOCKET FILE COPY ORIGINAL

October 11, 2013

By Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

ACCEPTED/FILED
OCT 23 2013
Federal Communications Commission
Office of the Secretary

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Sandhill Telephone Cooperative, Inc.
Study Area Code 240546**

Dear Ms. Dortch:

On behalf of Sandhill Telephone Cooperative, Inc. "Sandhill", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Sandhill seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 0+3
List ABCDE

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

| | |
|---|--|
| FCC Form 481 - Carrier Annual Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|--|-----------------------|
| <010> Study Area Code | 240546 |
| <015> Study Area Name | SANDHILL TEL COOP |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Jeanne Oliver |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 843-658-6845 |
| <039> Contact Email Address: Email of the person identified in data line <030> | jeanneoliver@shtc.net |

ACCEPTED/FILED

OCT 23 2013

Federal Communications Commission
Office of the Secretary

| ANNUAL REPORTING FOR ALL CARRIERS | 54.313 Completion Required | 54.422 Completion Required |
|-----------------------------------|----------------------------------|----------------------------------|
|-----------------------------------|----------------------------------|----------------------------------|

| | | | |
|---|--|---------------------------|---|
| <100> Service Quality Improvement Reporting (complete attached worksheet) | | (check box when complete) | |
| <200> Outage Reporting (voice) (complete attached worksheet) | | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report | | | |
| <300> Unfulfilled Service Requests (voice) | 0 | | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| <310> Detail on Attempts (voice) (attach descriptive document) | | | <input type="checkbox"/> <input type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | | | <input type="checkbox"/> <input type="checkbox"/> |
| <330> Detail on Attempts (broadband) (attach descriptive document) | | | <input type="checkbox"/> <input type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <410> Fixed | 0.0 | | |
| <420> Mobile | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | | <input type="checkbox"/> <input type="checkbox"/> |
| <440> Fixed | | | |
| <450> Mobile | | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification) | | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <510> 240546SC510 (attach descriptive document) | | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations (check to indicate certification) | | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <610> 240546SC610 (attach descriptive document) | | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) (complete attached worksheet) | | | <input type="checkbox"/> <input type="checkbox"/> |
| <710> Company Price Offerings (broadband) (complete attached worksheet) | | | <input type="checkbox"/> <input type="checkbox"/> |
| <800> Operating Companies and Affiliates (complete attached worksheet) | | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) | <input type="radio"/> <input checked="" type="radio"/> | | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| <1000> Voice Services Rate Comparability (check to indicate certification) | | | <input type="checkbox"/> <input type="checkbox"/> |
| <1010> (attach descriptive document) | | | <input type="checkbox"/> <input type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) | <input checked="" type="radio"/> <input type="radio"/> | | <input type="checkbox"/> <input type="checkbox"/> |
| <1110> (complete attached worksheet) | | | <input type="checkbox"/> <input type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) | | | <input type="checkbox"/> <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|--|-----------------------------------|--|
| <2000> | | (check to indicate certification) | |
| <2005> | | (complete attached worksheet) | |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|--|-----------------------------------|--|
| <3000> | | (check to indicate certification) | |
| <3005> | | (complete attached worksheet) | |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-----------------------|
| <010> | Study Area Code | 240546 |
| <015> | Study Area Name | SANDHILL TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jeanne Oliver |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 843-658-6845 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeanneoliver@shtc.net |

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5

<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2013

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 240546 |
| <015> | Study Area Name | SANDHILL TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jeanne Oliver |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 843-658-6845 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeanneoliver@shtc.net |
| <810> | Reporting Carrier | Sandhill Telephone Cooperative |
| <811> | Holding Company | |
| <812> | Operating Company | |

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-----------------------|
| <010> | Study Area Code | 240546 |
| <015> | Study Area Name | SANDHILL TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jeanne Oliver |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 843-658-6845 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeanneoliver@shtc.net |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes,No, NA) |
|---------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-----------------------|
| <010> | Study Area Code | 240546 |
| <015> | Study Area Name | SANDHILL TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jeanne Oliver |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 843-658-6845 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeanneoliver@shtc.net |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

| | | |
|--|--|---|
| (1200) Terms and Condition for Lifeline Customers | | FCC Form 481 |
| Lifeline | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Data Collection Form | | July 2013 |

| | | |
|-------|---|-----------------------|
| <010> | Study Area Code | 240546 |
| <015> | Study Area Name | SANDHILL TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jeanne Oliver |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 843-658-6845 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeanneoliver@shtc.net |

| | | |
|--------|--|----------------------------------|
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | 240546SC1210 |
| | | Name of attached document (.pdf) |

| | | |
|--------|------------------------|------|
| <1220> | Link to Public Website | HTTP |
|--------|------------------------|------|

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

| | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-----------------------|
| <010> | Study Area Code | 240546 |
| <015> | Study Area Name | SANDHILL TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jeanne Oliver |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 843-658-6845 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeanneoliver@shtc.net |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

| | | |
|---|--|---|
| (3006) Rate Of Return Carrier Additional Documentation | | FCC Form 481 |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2013 |

| | | |
|-------|---|-----------------------|
| <010> | Study Area Code | 240546 |
| <015> | Study Area Name | SANDHILL TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jeanne Oliver |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 843-658-6845 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeanneoliver@shtc.net |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

| | | | |
|--------|--|--|--|
| (3010) | Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3012) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)} | Name of Attached Document Listing Required Information | <input checked="" type="checkbox"/> (Yes/No) |
| (3013) | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} | | <input checked="" type="checkbox"/> (Yes/No) |
| (3014) | If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | | <input checked="" type="checkbox"/> |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | <input checked="" type="checkbox"/> |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input checked="" type="checkbox"/> |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | 240546SC3017 |
| (3018) | If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | <input type="checkbox"/> (Yes/No) |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | <input type="checkbox"/> |
| (3020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3021) | Management letter issued by the independent certified public accountant that performed the company's financial audit. | | <input type="checkbox"/> |
| (3022) | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, | | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | | <input type="checkbox"/> |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | |

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|-----------------------|
| <010> | Study Area Code | 240546 |
| <015> | Study Area Name | SANDHILL TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jeanne Oliver |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 843-658-6845 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeanneoliver@shtc.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|--------------------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|--|---|
| Certification - Agent / Carrier | FCC Form 491 |
| Data Collection Form | OMB Control No. 3060-0366/OMB Control No. 3060-0819 |
| | July 2013 |

| | | |
|-------|---|-----------------------|
| <010> | Study Area Code | 240546 |
| <015> | Study Area Name | SANDHILL TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jeanne Oliver |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 843-658-6845 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeanneoliver@shtc.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--|
| I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | John Staurulakis, Inc. |
| Name of Reporting Carrier: | SANDHILL TEL COOP |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date: 10/11/2013 |
| Printed name of Authorized Officer: | Christopher Chambers |
| Title or position of Authorized Officer: | Manager/CEO |
| Telephone number of Authorized Officer: | 8436583434 |
| Study Area Code of Reporting Carrier: | 240546 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | SANDHILL TEL COOP |
| Name of Authorized Agent or Employee of Agent: | John Staurulakis, Inc. |
| Signature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE Date: 10/11/2013 |
| Printed name of Authorized Agent or Employee of Agent: | Lans Chase |
| Title or position of Authorized Agent or Employee of Agent: | Staff Director - Regulatory Affairs |
| Telephone number of Authorized Agent or Employee of Agent: | 770569-2105 |
| Study Area Code of Reporting Carrier: | 240546 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Sandhill Telephone Cooperative, Inc. (“Sandhill”) hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Sandhill is subject to consumer protection obligations under both federal and South Carolina state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Public Service Commission of South Carolina which disclose rates, and terms and conditions of service to customers (Section 103-612.2.1 of the South Carolina Code of Regulations); (2) adherence to state consumer protection requirements governing telephone providers which govern Standards and Quality of Service (Sections 103-661, 103-662, and 103-663

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

of the South Carolina Code of Regulations); Customer Relations, including billing, deposits, discontinuance and termination of service (Sections 103-620 through 103-633 of the South Carolina Code of Regulations); Engineering and Safety Standards (Sections 103-640 through 103-646 and 103-670 through 103-672 of the South Carolina Code of Regulations); Inspections and Tests (Sections 103-650 through 103-653 of the South Carolina Code of Regulations); Records and Reports (Sections 103-610 through 103-619 of the South Carolina Code of Regulations) and Customer Complaints (Section 103-628 of the South Carolina Code of Regulations); (3) truth-in-billing requirements (Section 103-622.1 of the South Carolina Code of Regulations); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Sandhill Telephone Cooperative, Inc. ("Sandhill") hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. § 54.202(a)(2)¹ and Section 103-646 of the South Carolina Code of Regulations. Sandhill's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2) and Section 103-646 of the South Carolina Code of Regulations. Sandhill can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Sandhill to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Sandhill has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all Central Office locations. They will continue to run as long as Sandhill has access to fuel.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies Data Collection Form ECC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

| | | |
|-------|---|--------------------------------|
| <010> | Study Area Code | 240546 |
| <015> | Study Area Name | SANDHILL TEL COOP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jeanne Oliver |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 843-658-6845 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jeanneoliver@shtc.net |
| <810> | Reporting Carrier | Sandhill Telephone Cooperative |
| <811> | Holding Company | |
| <812> | Operating Company | |

[illegible]

BASIC LOCAL EXCHANGE SERVICE

3.7 LIFELINE PROGRAM

(N)

3.7.1 General

- A. The Lifeline Program is a telephone assistance program designed to make telephone service available at reduced rates to eligible residential customers.
- B. Eligible customers will receive a credit not to exceed the current federally-mandated subscriber line charge (End User Common Line Charge). The credit will be applied to basic local exchange access service.
- C. The Lifeline Program reduction to basic local exchange access service shall apply only to residential one-party service.
- D. Nothing in this section shall prohibit a customer who is otherwise eligible for the Lifeline Program from obtaining and using telecommunications equipment and services designed to aid such customer in utilizing qualifying telecommunications services.
- E. The Lifeline Program rate reduction does not apply to service connection charges, except that customers eligible for the Link Up America program will receive a reduction on applicable service connection services, as set forth in Section 4.8 of this tariff.
- F. The Lifeline Program rate will not be available on a retroactive basis.

(N)

APPROVED
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

FEB 10 1996

Charles W. Hester
EXECUTIVE DIRECTOR

BASIC LOCAL EXCHANGE SERVICE

3.7 LIFELINE PROGRAM (Cont'd)

(N)

3.7.2 Eligibility Requirements

- A. The discounted service will be provided for one (1) telephone line per household, at the subscriber's principal place of residence. Individuals who meet the following four (4) criteria are eligible for Lifeline Assistance.
- (1) The applicant cannot be a dependent as defined by the Federal Income Tax Code, under the age of sixty (60);
 - (2) The applicant is head of household;
 - (3) The applicant must have only one (1) local exchange access line to his/her residential premises or dwelling place; and
 - (4) Provide proof of income eligibility.
- B. Verification of the first two (2) requirements will be accomplished through self-certification.
- C. The Cooperative will verify the third (3rd) and fourth (4th) requirements. A service order to establish the applicant's telephone service will not be issued until proof of the applicant's income level has been obtained and verified. As proof of income eligibility, an applicant can: 1) show that he/she is currently a recipient of benefits under one (1) of several specified public assistance programs; or 2) demonstrate poverty level income.

(N)

APPROVED
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

FEB 10 1996

Charles W. Smith
EXECUTIVE DIRECTOR

BASIC LOCAL EXCHANGE SERVICE

3.7 LIFELINE PROGRAM (Cont'd)

(N)

3.7.2 Eligibility Requirements (Cont'd)

C. (Cont'd)

The process to be followed under each of these alternatives is outlined as follows:

(1) Participation in Public Assistance Programs:

a. The specified programs are as follows:

- Aid to Families with Dependent Children (AFDC)
- Food Stamps
- Home Energy Assistance Programs (HEAP)
- Medical Assistance Program (MAP)
- Supplemental Security Income (SSI)
- Women, Infants and Children (WIC)

b. Individuals choosing this option are required to deliver or mail to the Cooperative a photocopy of a valid identification card or of the appropriate documents that are issued to them by the agency administering the program.

(N)

APPROVED
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

[Signature]
EXECUTIVE DIRECTOR

BASIC LOCAL EXCHANGE SERVICE

3.7 LIFELINE PROGRAM (Cont'd)

(N)

3.7.2 Eligibility Requirements (Cont'd)

C. (Cont'd)

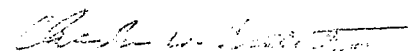
(2) Applicants who demonstrate poverty level income either:

- (a) As determined by the individual's Federal income tax return. Individuals choosing this option are required to obtain and deliver or mail to the Cooperative a photocopy of their most recent U.S. Individual Tax Return (Form 1040, 1040A, or 1040EZ) that was submitted to the Internal Revenue Service. The Cooperative will look at the number of exemptions reported to determine the size of the family unit and the dollar amount reported on the adjusted gross income line. These figures will then be compared to current federal poverty income level guideline tables, as published in the Federal Register, to determine if the applicant meets the income criteria.
- (b) Fixed income, retired or other subscribers not required to file an individual tax return (Form 1040, Form 1040A or 1040EZ) should write a letter to the Cooperative with a written statement to that effect and a statement that they qualify for the Lifeline Program. The Cooperative may choose to verify this information with a State or Federal agency before determining the applicant's eligibility.

(N)

APPROVED
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

FEB 1 1996


EXECUTIVE DIRECTOR

BASIC LOCAL EXCHANGE SERVICE

3.7 LIFELINE PROGRAM (Cont'd)

(N)

3.7.3 Restrictions

- A. The Lifeline Program rate will only be provided for service to the applicant's principal residence or dwelling.

3.7.4 Recertification

- A. Customers must recertify on an annual basis that they continue to qualify for the discounted service.

3.7.5 Credit and Collection

- A. Credit References

The credit verification procedures used for all applicants who apply for service with the Cooperative will also be used for applicants who apply for service under the Lifeline Program.

- B. Deposits

Deposit requirements will be waived for all applicants who qualify for Lifeline Service, as long as the applicants continue to qualify for Lifeline Service.

(N)

APPROVED
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

EXECUTIVE DIRECTOR

BASIC LOCAL EXCHANGE SERVICE

3.7 LIFELINE PROGRAM (Cont'd)

(N)

3.7.6 Service Connection Charges

- A. Service charges do not apply to eligible customers with existing residential access line service when they convert to the Lifeline Program.
- B. Service Connection Charges will apply when:
 - (1) Existing eligible residential local exchange access service customers also convert to a different grade of eligible residential service and/or optional calling services at the time the Lifeline Program billing is initiated.
 - (2) A customer receiving Lifeline Program billing voluntarily elects to convert to telephone service arrangements which preclude Lifeline Program eligibility.
 - (3) New residential applicants (those without existing local exchange access service) eligible for the Lifeline Program will be subject to applicable service connection charges, including the Link Up America Program, as specified in Section IV of this Tariff.
- C. Any subsequent moves or changes after the initial connection to the Lifeline Program will be subject to the applicable service charges as outlined in Section IV of this Tariff.

(N)

APPROVED
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

Charles W. Johnston
EXECUTIVE COMMISSIONER

BASIC LOCAL EXCHANGE SERVICE**3.1 GENERAL****A. Description and Area of Operations**

Sandhill Telephone Cooperative, Inc. (Cooperative) is a public utility providing telecommunications service in the areas certificated to the Cooperative by the Public Service Commission of South Carolina.

Headquarters for the Cooperative are located at P.O. Box 519, 122 S. Main Street, Jefferson, South Carolina 29718. Cooperative representatives may be contacted at (803) 658-3434.

The Cooperative is largely financed by the Rural Utilities Service (RUS), and provides one-party service throughout its service area according to an area coverage design approved by the RUS.

Areas of Operation

| <u>Exchange</u> | <u>NPA-NXX</u> | <u>County</u> | |
|-----------------|----------------|---------------|-----|
| McBee | 335 | Chesterfield | |
| Jefferson | 658 | Chesterfield | |
| Ruby | 634 | Chesterfield | |
| Chesterfield | 623, 622 | Chesterfield | (T) |
| Pageland | 672, 675 | Chesterfield | (T) |
| Patrick | 498 | Chesterfield | |
| Bethune | 334 | Kershaw | |

B. Exchange service areas are identified on maps filed at the end of this Section.

| | |
|---------------------|---------------|
| Map for McBee | Separate page |
| Map for Jefferson | Separate page |
| Map for Ruby | Separate page |
| Map for Chestefield | Separate page |
| Map for Pageland | Separate page |
| Map for Patrick | Separate page |
| Map for Bethune | Separate page |

C. The rates for service and equipment and not specifically shown in this section are presented in other sections of this Tariff.

APPROVED FOR FILING
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

AUG 1 2000

Harry E. Walch
EXECUTIVE DIRECTOR

BASIC LOCAL EXCHANGE SERVICE

3.2 MONTHLY EXCHANGE RATES

- A. Monthly exchange rates are authorized by the Public Service Commission of South Carolina and are shown as follows:

3.2.1 Flat Rate Service

Chesterfield Exchange*

Residence:

1 party access charge
(.00 Cheraw EAS)

\$10.80
 .00
10.80

Tariff
Code

R7

(R)

Business:

1 party access charge
(.00 Cheraw EAS)

\$ 21.60
 .00
21.60

C1

Public Telephone Access Service
(.00 Cheraw EAS)

21.60
 .00
21.60

CN

Key system lines
(.00 Cheraw EAS)

21.60
 .00
21.60

KT

PBX lines
(.00 Cheraw EAS)

21.60
 .00
21.60

P1

(R)

Jefferson Exchange*

Residence:

1 party access charge

\$ 10.80

R1

Business:

1 party access charge

\$ 21.60

B1

Public Telephone Access Service

21.60

CM

Key system lines

21.60

KK

PBX lines

21.60

PA

* Only one party service offered for business or residence.

Issued: March 8, 2007
BY: President

Effective: Upon Approval of
the Commission

APPROVED FOR FILING
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

APR 04 2007

BASIC LOCAL EXCHANGE SERVICE

3.2 MONTHLY EXCHANGE RATES (Cont'd)

3.2.1 Flat Rate Service (Cont'd)

McBee Exchange*

| | | <u>Tariff Code</u> | |
|---------------------------------|----------|------------------------|-----|
| Residence: | | | |
| 1 party access charge | \$ 10.80 | R2 | (R) |
| (.00 Hrtv. EAS) | .00 | | |
| | 10.80 | | |
| Business: | | | |
| 1 party access charge | \$ 21.60 | B2 | |
| (.00 Hrtv.EAS) | .00 | | |
| | 21.60 | | |
| Public Telephone Access Service | 21.60 | CF | |
| (.00 Hrtv. EAS) | .00 | | |
| | 21.60 | | |
| Key system lines | 21.60 | KL | |
| (.00 Hrtv.EAS) | .00 | | |
| | 21.60 | | |
| PBX lines | 21.60 | P6 | (R) |
| (.00 Hrtv.EAS) | .00 | | |
| | 21.60 | | |

* Only one party service offered for business or residence.

APPROVED FOR FILING
 THE PUBLIC SERVICE COMMISSION
 OF SOUTH CAROLINA

APR 04 2007

Issued: March 8, 2007
 BY: President

Effective: Upon Approval of
 the Commission

BASIC LOCAL EXCHANGE SERVICE

3.2 MONTHLY EXCHANGE RATES (Cont'd)

3.2.1 Flat Rate Service (Cont'd)

Tariff
CodeBethune Exchange*

Residence:

1 party access charge
(.00 Camden EAS)

\$ 10.80

R4

(R)

.00

10.80

Business:

1 party access charge
(.00 Camden EAS)

\$ 21.60

B5

.00

21.60

Public Telephone Access Service
(.00 Camden EAS)

21.60

CE

.00

21.60

Key system lines
(.00 Camden EAS)

21.60

KF

.00

21.60

PBX lines
(.00 Camden EAS)

21.60

PH

(R)

.00

21.60

* Only one party service offered for business or residence.

APPROVED FOR FILING
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

APR 04 2007

Issued: March 8, 2007
BY: PresidentEffective: Upon Approval of
the Commission

BASIC LOCAL EXCHANGE SERVICE

3.2 MONTHLY EXCHANGE RATES (Cont'd)

3.2.1 Flat Rate Service (Cont'd)

Tariff
CodePageland Exchange*

Residence:

1 party access charge

\$ 10.80

R1

Business:

1 party access charge

\$ 21.60

B1

Public Telephone Access Service

21.60

CM

Key system lines

21.60

KK

PBX lines

21.60

PA

Patrick Exchange*

Residence:

1 party access charge

\$ 10.80

R3

(R)

(.00 Cheraw EAS; .00 Hrtv. EAS)

.00

10.80

Business:

1 party access charge

\$ 21.60

B3

(.00 Cheraw EAS; .00 Hrtv.EAS)

.00

21.60

Public Telephone Access Service

21.60

CQ

(.00 Cheraw EAS; .00 Hrtv EAS)

.00

21.60

Key system lines

21.60

KI

(.00 Cheraw EAS; .00 Hrtv EAS)

.00

21.60

PBX lines

21.60

(R)

(.00 Cheraw EAS; .00 Hrtv EAS)

.00

21.60

Ruby Exchange*

Residence:

1 party access charge

\$ 10.80

R1

Business:

1 party access charge

\$ 21.60

B1

Public Telephone Access Service

21.60

CM

Key system lines

21.60

KK

PBX lines

21.60

PA

* Only one party service offered for business or residence.

Issued: March 8, 2007
BY: PresidentEffective: Upon Approval of
the CommissionAPPROVED FOR FILING
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

APR 04 2007

BASIC LOCAL EXCHANGE SERVICE

3.2.2 LOCAL EXCEPTIONS

(T)

50% discount on one (1) party residence access and EAS charges, as set forth in Section 3.2.1, for one (1) line only, one (1) location only.

A. Churches:

| <u>Exchanges</u> | <u>Tariff Code</u> |
|------------------|--------------------|
| McBee | C6 |
| Patrick | C7 |
| Jefferson | C8 |
| Pageland | C8 |
| Bethune | C5 |
| Ruby | C8 |
| Chesterfield | DH |

B. Temporary suspension of service.

| <u>Exchanges</u> | <u>Tariff Code</u> |
|------------------|--------------------|
| McBee | V6 |
| Patrick | V7 |
| Jefferson | V5 |
| Pageland | V5 |
| Bethune | VY |
| Ruby | V5 |
| Chesterfield | V8 |

| <u>Exchanges</u> | <u>Tariff Code</u> |
|------------------|--------------------|
| McBee | V2 |
| Patrick | V3 |
| Jefferson | V1 |
| Pageland | V1 |
| Bethune | VZ |
| Ruby | V1 |
| Chesterfield | V4 |

C. Chesterfield reduced rate.

| <u>Exchange</u> | <u>Tariff Code</u> |
|-----------------|--------------------|
| Chesterfield | CB |

(T)

APPROVED
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

ED 16

BASIC LOCAL EXCHANGE SERVICE

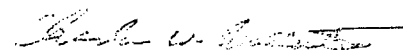
3.2.3 LOCAL CALLING AREAS

The rates specified in Section 3.2.1 entitle customers to access all stations bearing the central office designations of additional exchanges as shown below. The local calling area of the exchanges in the left hand column also includes the exchanges listed in the right hand column.

| <u>Exchanges</u> | <u>Additional Exchanges</u> |
|------------------|--|
| Jefferson | Bethune, Chesterfield, McBee, Pageland, Patrick, Ruby |
| McBee | Bethune, Chesterfield, Hartsville, Jefferson, Pageland, Patrick, Ruby |
| Ruby | Bethune, Chesterfield, Jefferson, McBee, Pageland, Patrick |
| Chesterfield | Bethune, Cheraw, Jefferson, McBee, Pageland, Patrick, Ruby |
| Bethune | Chesterfield, Jefferson, McBee, Pageland, Patrick, Ruby, Camden |
| Pageland | Bethune, Chesterfield, Jefferson, McBee, Patrick, Ruby |
| Patrick | Bethune, Cheraw, Chesterfield, Hartsville, Jefferson, McBee, Pageland, Ruby |

APPROVED
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

FEB 16 1996


EXECUTIVE DIRECTOR

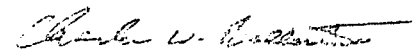
BASIC LOCAL EXCHANGE SERVICE

3.2.4 EXCHANGE MILEAGE CHARGES

- A. No exchange mileage shall apply within the Exchange Service area.
- B. No zone charges shall apply within the Exchange Service area.

APPROVED
THE PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

FEB 10 1996


EXECUTIVE DIRECTOR

Issued: February 1, 1996
BY: President

Effective: Upon Approval of
the Commission

REDACTED – FOR PUBLIC INSPECTION

SANDHILL TELEPHONE COOPERATIVE, INC. (SAC 240546)

ATTACHMENT - LINE 3012

ATTACHMENT REDACTED IN ENTIRETY